

**Before the
Federal Communications Commission
Washington, DC**

In the Matter of:)	
)	
Request for Review of the Decision of the)	
Universal Service Administrator by)	FCC Docket No.: 02-6
)	
All Saints Catholic School)	SLD File No.: 816848
BEN 100656)	
)	
Schools and Libraries Universal Service)	
Support Mechanism)	

REQUEST FOR REVIEW AND WAIVER

INTRODUCTION

Section 54.719(c) of the Commission’s rules provides that any person aggrieved by an action taken by a division of the Universal Service Administrative Company (“USAC”) may seek review from the Commission. All Saints Catholic School (“school”) hereby appeals the current action taken by USAC in the following case.

BACKGROUND

On March 24, 2011 All Saints Catholic School filed a completed Form 471 application (Applicant form identifier SCS1147101, attached as Exhibit A) with USAC for the school’s Funding Year 2011 funding requests.

The school attempted to submit the required Form 471 certification pages to USAC via mail on March 24, 2011 (Attached as Exhibit B). On April 27, 2011 USAC sent a letter to the school, notifying the school that USAC had not received the certification pages for the application (Attached as Exhibit C).

The school resubmitted the Form 471 certification for applicant form identifier SCS1147101 to USAC on June 20, 2011. On June 25, 2011 USAC issued a letter (Attached as Exhibit D), indicating that the Form 471 was “Postmarked Outside of Window”.

FACTS

The school submitted a Form 471 for E-rate Funding Year 2011 in a timely manner with the good intention of complying with USAC guidelines.

The school was, and has remained, in compliance with the certifications requested on the Form 471.

The form was assigned the status of “Certified – Out of Window” by USAC for failing to meet the certification deadline, and not for a failure to comply with E-rate program rules.

The school resubmitted the Form 471 certifications for E-rate Funding Year 2011 in a continued effort to comply with USAC guidelines.

BASIS FOR THE SCHOOL’S APPEAL

A. The missed USAC deadline for the Form 471 certification was due to clerical error, not due to noncompliance with E-rate program rules.

The school submitted a Form 471 (Identifier SCS1147101), with the good intention of complying with program rules regarding this form. Due to unforeseen circumstances regarding the mail delivery of the form certifications, USAC did not receive the certifications before the filing window deadline expired. The school attempted to rectify the situation by resubmitting the certifications for the application.

In the Bishop Perry Order (FCC 06-54), the FCC found that “... a missing certification does not constitute a substantive violation, but a procedural one. We emphasize that these applicants still must file the certifications, even though they are late, for their applications to be processed by USAC. The question here is one of timing. USAC denied these applications not because the applicants refused to sign the

certification, but because it was not received by USAC by the filing deadline, which meant that the applications were incomplete. Many of the applicants thought they had complied with the requirements, but due to computer error or other third-party errors, the certifications did not reach USAC.” The school contends that the procedural violation of missing the filing window certification deadline should not result in their application not being held under consideration for funding.

B. The school submitted the Form 471 certification again to USAC at a later date.

The school did not refuse to make the necessary form certifications, and resubmitted the certifications to USAC when it was made evident to the school that USAC had not received the original certifications via mail. The school has demonstrated a desire to comply with E-rate guidelines and made a concerted effort to maintain compliance with the E-rate program rules and to correct any errors made during the E-rate funding process.

C. It serves the general purpose of the E-rate program, and the public interest to waive the certification deadline.

All Saints Catholic School is a smaller school with under 100 students and is it not heavily staffed. The person responsible for coordinating the school’s E-rate efforts is not in a position dedicated to pursuing federal grants, and was not familiar with the E-rate program. As best they could, the school attempted to use the resources and staff that were available to comply with E-rate guidelines, but was unable to anticipate a setback in the postal delivery of the certifications. Waiving the certification deadline for this application would have a minimal effect on Universal Service Fund, as the reduction is only a matter of \$5,295.77; however this funding is of great importance to the school due to its limited size and budget. There has been no evidence of waste, fraud, or abuse by the school in all of its participation in the E-rate program, and it would serve the good of public interest to waive the certification deadline for the school’s application.

SUMMARY

For the reasons given above, All Saints Catholic School respectfully requests that the Commission waive the certification deadline for Form 471 application number 816848, and change the form status from "Certified – Out of Window" to "Certified – in Window".

Sincerely Submitted,



Maria Palermo
All Saints Catholic School
Principal
3420 Portola Avenue
Los Angeles, CA 990032
323-225-7264

Exhibit A

FCC Form 471

Approval by OMB
3060-0806**Schools and Libraries Universal Service
Description of Services Ordered and Certification Form 471****Estimated Average Burden Hours per Response: 4 hours**

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.
Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier (Create an identifier for your own reference) SCS1147101	Form 471 Application #: 816848 (To be assigned by administrator)
Block 1: Billed Entity Address and Identifications	
<div style="border: 1px solid black; padding: 5px;"><p>1 Name of Billed Entity ALL SAINTS ELEMENTARY SCHOOL</p><p>2 Funding Year 2011</p><p>3a Entity Number 100656</p><p>3b FCC Registration Number 0013592951</p><p>4a Street Address, P.O. Box, or Route Number 3420 PORTOLA AVE</p><p>City LOS ANGELES State CA Zip Code 90032-2216</p><p>4b Telephone Number (323) 225-7264</p><p>4c Fax Number (323) 225-1240</p><p>5a Type of Application (check only one) <input checked="" type="radio"/> Individual School (individual public or non-public school) <input type="radio"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools) <input type="radio"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA) <input type="radio"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries) <input type="radio"/> Statewide application for (enter 2-letter state code) representing (check all that apply) <input type="checkbox"/> All public schools/districts in the state <input type="checkbox"/> All non-public schools in the state <input type="checkbox"/> All libraries in the state</p><p>5b Recipient(s) of Services: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Tribal <input type="checkbox"/> Head Start <input type="checkbox"/> State Agency</p></div>	
Entity Number: 100656	Applicant's Form Identifier: SCS1147101
Contact Person: Maria Palermo	Contact Phone Number: (323) 225-7264
Block 1: Billed Entity Address and Identifications (continued)	
<div style="border: 1px solid black; padding: 5px;"><p>6a Contact Person's Name Maria Palermo</p><p>If the Contact Person's Street Address is the same as Item 4 above, check here. <input type="checkbox"/> If not, complete Item 6b.</p><p>6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 3420 PORTOLA AVE</p><p>City LOS ANGELES State CA Zip Code 90032-</p><p>Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.</p><p><input type="checkbox"/> 6c Telephone Number (323) 225 - 7264 <input type="checkbox"/> 6d Fax Number (323) 225 - 1240 <input checked="" type="checkbox"/> 6e E-Mail Address allsaintshusky@yahoo.com Re-enter E-mail Address allsaintshusky@yahoo.com</p><p>6f Holiday/vacation/summer contact information: please include name of alternate contact (if applicable) and alternate phone, fax or E-mail address</p><p>If a consultant is assisting you with your application process, please complete Item 6g below:</p><p>6g Consultant Name Funds for Learning Name of Consultant's Employer Funds for Learning Consultant's Street Address 501 S Coltrane Rd, Suite 100 Funds For Learning City Edmond State OK Zip Code 73034 Consultant's Telephone Number (405) 341-4140 Ext. Consultant's Fax Number (405) 341-7008 Consultant's E-mail Address pia@fundsforlearning.com Re-enter E-mail Address pia@fundsforlearning.com Consultant Registration Number 16024808</p></div>	

Entity Number: 100656		Applicant's Form Identifier: SCS1147101	
Contact Person: Maria Palermo		Contact Phone Number: (323) 225-7264	
Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.			
Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.			
Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471			
		Schools	Libraries
7a Number of students or patrons to be served		95	0
b Telephone service: Number of classrooms or rooms with phone service		0	0
c Direct connections to the Internet: Number of drops		2	0
d Number of classrooms or rooms with Internet access		3	0
e Number of computers or other devices with Internet access		19	0
f Number of dial-up Internet access and other connections of up to 200 kbps :		0	0
g High-speed Internet access services: Number of buildings served at the following speeds (please use advertised download speed coming into building, not actual speed in classroom or work area):	At or greater than 200 kbps and less than 1.5 mbps	0	0
	At or greater than 1.5 mbps and less than 3 mbps	2	0
	At or greater than 3 mbps and less than 10 mbps	0	0
	At or greater than 10 mbps and less than 25 mbps	0	0
	At or greater than 25 mbps and less than 50 mbps	0	0
	At or greater than 50 mbps and less than 100 mbps	0	0
	Greater than 100 mbps	0	0
Block 3:			
8 [Reserved]			

Entity Number: 100656										Applicant's Form Identifier: SCS1147101				
Contact Person: Maria Palermo										Contact Phone Number: (323) 225-7264				

Block 4: Discount Calculation Worksheet **Worksheet - 1376083**
Page 1 of 1

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

☒ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s): (For Administrator's Use)
School District or Library System Name: **School District or Library System Entity Number:**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col. 5 / Col. 4)	Disc. from Disc. Matrix	New Construction	Admin Entity or NIF	Alt Disc Mech	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)	Insert appropriate codes(s): P= pre-K, H= Head Start, A= Adult Education, J= Juvenile Justice/E= ESA, D= Dormitory	Entity Number of School District in which Library Outlet/Branch is Located	Discount of Member Entity	Shared Discount
ALL ENTITIES			SCHOOLS AND LIBRARIES							Schools with shared services	Schools	Library Outlet/Branch	Consortia	
ALL SAINTS ELEMENTARY SCHOOL	100656 00 06897 6	U	95	81	85.263%	90	N	N	N	8550				

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.	95									8550				90%
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.														
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.														

Entity Number: 100656		Applicant's Form Identifier: SCS1147101																															
Contact Person: Maria Palermo		Contact Phone Number: (323) 225-7264																															
Block 5: Discount Funding Request(s)		Block 5, page 1 of 4																															
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		FRN 2224244 (to be assigned by administrator)																															
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:																																	
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13 SPIN – Service Provider Identification Number 143002665																																	
14 Service Provider Name Pacific Bell Telephone Company																																	
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																																	
15b Contract Number MTM																																	
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).																																	
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:																																	
16a Billing Account Number (e.g., billed telephone number) 323 225-7264 119 9																																	
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.																																	
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 02/01/2011																																	
18 Contract Award Date (mm/dd/yyyy)																																	
19 Service Start Date (mm/dd/yyyy) 07/01/2011																																	
20a Service End Date (mm/dd/yyyy) 06/30/2012																																	
Contract Expiration Date (mm/dd/yyyy) 20b																																	
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided. <div style="text-align: right;">A-01</div>																																	
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 100656																															
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																															

-- Item 21 Attachment --

Entity Number 100656
Entity Name ALL SAINTS ELEMENTARY SCHOOL
Contact Person Maria Palermo
Phone Number (323) 225-7264

Attachment Number	A-01
Form 471 No.	816848
Form Identifier	SCS1147101

Service Provider Identification Number 143002665
Service Provider Name Pacific Bell Telephone Company
Contract MTM
FRN 2224244

Description of Service

This is a funding request for discounts on local phone service for 4 lines for the school. The request includes the cost of an anticipated additional line. The additional line was calculated by dividing the monthly cost of service by the number of existing lines.

Cost Calculation Grid

Description	Telecom Lines	Months	Monthly Chgs	Monthly Inelig	Extended Monthly	Non-Rec Chgs	Non-Rec Inelig	Non-Rec Eligible	Line Total
Local Phone Service	4	12	\$126.27	\$0.00	\$1,515.24	\$0.00	\$0.00	\$0.00	\$1,515.24
New Line	1	12	\$31.57	\$0.00	\$378.84	\$0.00	\$0.00	\$0.00	\$378.84
					\$1,894.08			\$0.00	\$1,894.08



Item 21 Attachment

Telecommunications - Funding Year 2011

Applicant Name	ALL SAINTS ELEMENTARY SCHOOL
Billed Entity Number	100656
Form 471 Application Number	816848
Funding Request Number	2224244
Service Provider	Pacific Bell Telephone Company
Attachment Number	A-01
Narrative description of this Funding Request	This is a funding request for discounts on local phone service for 4 lines for the school. The request includes the cost of an anticipated additional line. The additional line was calculated by dividing the monthly cost of service by the number of existing lines.

Service Type	Service Description	Eligible Pre-Discount Cost	
1 Local Phone Service	Local Phone Service	\$1,515.24	
		Number of Telecom Lines (if applicable)	4
	Recurring Charges	Non Recurring Charges	
	Monthly Recurring Charges	\$126.27	One-time non-recurring charges \$0.00
	Less Ineligible Amount (if any)	\$0.00	Less Ineligible Amount (if any) \$0.00
	Number of Months	12	
	Eligible recurring charges	\$1,515.24	Eligible non-recurring charges \$0.00
		Line item TOTAL \$1515.24	
2 Local Phone Service	New Line	\$378.84	
		Number of Telecom Lines (if applicable)	1
	Recurring Charges	Non Recurring Charges	
	Monthly Recurring Charges	\$31.57	One-time non-recurring charges \$0.00
	Less Ineligible Amount (if any)	\$0.00	Less Ineligible Amount (if any) \$0.00
	Number of Months	12	
	Eligible recurring charges	\$378.84	Eligible non-recurring charges \$0.00
		Line item TOTAL \$378.84	
Total:		\$1,894.08	
Funding Requested on 471:		\$1,894.08	

Date Submitted

3/24/2011 12:09:05 PM

Entity Number: 100656		Applicant's Form Identifier: SCS1147101																												
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13 SPIN – Service Provider Identification Number 143008823																														
14 Service Provider Name SBC Long Distance, LLC.																														
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.																														
15b Contract Number MTM																														
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).																														
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:																														
16a Billing Account Number (e.g., billed telephone number) 323 225-7264 119 9																														
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.																														
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 02/01/2011																														
18 Contract Award Date (mm/dd/yyyy)																														
19 Service Start Date (mm/dd/yyyy) 07/01/2011																														
20a Service End Date (mm/dd/yyyy) 06/30/2012																														
Contract Expiration Date 20b (mm/dd/yyyy)																														
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided. <div style="text-align: right;">A-02</div>																														
22 Entity/Entities Receiving This Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 100656																												
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):																												

-- Item 21 Attachment --

Entity Number 100656
Entity Name ALL SAINTS ELEMENTARY SCHOOL
Contact Person Maria Palermo
Phone Number (323) 225-7264

Attachment Number	A-02
Form 471 No.	816848
Form Identifier	SCS1147101

Service Provider Identification Number	143008823
Service Provider Name	SBC Long Distance, LLC.
Contract	MTM
FRN	2224245

Description of Service

This funding request is for discounts on long distance services received by the school. The school had charges for long distance on 3 of the 4 existing lines and the cost of charges for the 4th line were estimated and added to the request. The cost of service per line was determined by dividing the monthly charges by the 3 billed lines. A Federal Regulatory Fee was removed from this request as ineligible.

Cost Calculation Grid

Description	Telecom Lines	Months	Monthly Chgs	Monthly Inelig	Extended Monthly	Non-Rec Chgs	Non-Rec Inelig	Non-Rec Eligible	Line Total
Long Distance Service	3	12	\$93.98	\$0.58	\$1,120.80	\$0.00	\$0.00	\$0.00	\$1,120.80
Long Distance Service	1	12	\$31.13	\$0.00	\$373.56	\$0.00	\$0.00	\$0.00	\$373.56
					\$1,494.36			\$0.00	\$1,494.36



Item 21 Attachment

Telecommunications - Funding Year 2011

Applicant Name ALL SAINTS ELEMENTARY SCHOOL
Billed Entity Number 100656
Form 471 Application Number 816848
Funding Request Number 2224245
Service Provider SBC Long Distance, LLC.
Attachment Number A-02

Narrative description of this Funding Request This funding request is for discounts on long distance services received by the school. The school had charges for long distance on 3 of the 4 existing lines and the cost of charges for the 4th line were estimated and added to the request. The cost of service per line was determined by dividing the monthly charges by the 3 billed lines. A Federal Regulatory Fee was removed from this request as ineligible.

Service Type	Service Description	Eligible Pre-Discount Cost	
1 Local/Long Distance Telephone Service	Long Distance Service	\$1,120.80	
		Number of Telecom Lines (if applicable)	3
	Recurring Charges	Non Recurring Charges	
	Monthly Recurring Charges	\$93.98	One-time non-recurring charges \$0.00
	Less Ineligible Amount (if any)	\$0.58	Less Ineligible Amount (if any) \$0.00
	Number of Months	12	
	Eligible recurring charges	\$1,120.80	Eligible non-recurring charges \$0.00
		Line item TOTAL \$1120.8	
2 Local/Long Distance Telephone Service	Long Distance Service	\$373.56	
		Number of Telecom Lines (if applicable)	1
	Recurring Charges	Non Recurring Charges	
	Monthly Recurring Charges	\$31.13	One-time non-recurring charges \$0.00
	Less Ineligible Amount (if any)	\$0.00	Less Ineligible Amount (if any) \$0.00
	Number of Months	12	
	Eligible recurring charges	\$373.56	Eligible non-recurring charges \$0.00
		Line item TOTAL \$373.56	
Total:		\$1,494.36	
Funding Requested on 471:		\$1,494.36	

Date Submitted

3/24/2011 12:09:28 PM

Entity Number: 100656		Applicant's Form Identifier: SCS1147101						
Contact Person: Maria Palermo		Contact Phone Number: (323) 225-7264						
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 3 of 4 FRN 2224246 (to be assigned by administrator)						
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:								
11 Category of Service (only ONE category should be checked) <table border="1"><tr><td>PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access</td><td>PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections</td></tr></table>		PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations				
PRIORITY 1 <input type="checkbox"/> Telecommunications Service <input checked="" type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections							
12 Form 470 Application Number 717710000882461		Recurring Charges <table border="1"><tr><td>A. Monthly charges (total amount per month for service) \$94.98</td></tr><tr><td>B. How much of the amount in A is ineligible? \$0.00</td></tr><tr><td>C. Eligible monthly pre-discount amount (A minus B) \$94.98</td></tr><tr><td>D. Number of months service provided in funding year 12</td></tr><tr><td>E. Annual pre-discount amount for eligible recurring charges (C x D) \$1,139.76</td></tr></table>		A. Monthly charges (total amount per month for service) \$94.98	B. How much of the amount in A is ineligible? \$0.00	C. Eligible monthly pre-discount amount (A minus B) \$94.98	D. Number of months service provided in funding year 12	E. Annual pre-discount amount for eligible recurring charges (C x D) \$1,139.76
A. Monthly charges (total amount per month for service) \$94.98								
B. How much of the amount in A is ineligible? \$0.00								
C. Eligible monthly pre-discount amount (A minus B) \$94.98								
D. Number of months service provided in funding year 12								
E. Annual pre-discount amount for eligible recurring charges (C x D) \$1,139.76								
13 SPIN – Service Provider Identification Number 143004611								
14 Service Provider Name SBC Internet Services, Inc.								
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.								
15b Contract Number MTM								
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).								
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:								
16a Billing Account Number (e.g., billed telephone number) 323 225-7264 119 9								
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.								
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 02/01/2011								
18 Contract Award Date (mm/dd/yyyy)								
19 Service Start Date (mm/dd/yyyy) 07/01/2011								
20a Service End Date (mm/dd/yyyy) 06/30/2012								
Contract Expiration Date (mm/dd/yyyy) 20b								
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.								
22 Entity/Entities Receiving This Service:								
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 100656								
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):								

-- Item 21 Attachment --

Entity Number 100656
Entity Name ALL SAINTS ELEMENTARY SCHOOL
Contact Person Maria Palermo
Phone Number (323) 225-7264

Attachment Number	A-03
Form 471 No.	816848
Form Identifier	SCS1147101

Service Provider Identification Number	143004611
Service Provider Name	SBC Internet Services, Inc.
Contract	MTM
FRN	2224246

Description of Service

This funding request is for discounts on internet access received by the school.

Cost Calculation Grid

Description	Months	Monthly Chgs	Monthly Inelig	Extended Monthly	Non-Rec Chgs	Non-Rec Inelig	Non-Rec Eligible	Line Total
Internet Service	12	\$94.98	\$0.00	\$1,139.76	\$0.00	\$0.00	\$0.00	\$1,139.76
				\$1,139.76			\$0.00	\$1,139.76



Item 21 Attachment

Internet Access - Funding Year 2011

Applicant Name ALL SAINTS ELEMENTARY SCHOOL
Billed Entity Number 100656
Form 471 Application Number 816848
Funding Request Number 2224246
Service Provider SBC Internet Services, Inc.
Attachment Number A-03
Narrative description of this Funding Request This funding request is for discounts on internet access received by the school.

Service Type	Service Description	Eligible Pre-Discount Cost	
1 DSL	Internet Service	\$1,139.76	
		Number of InternetAccess Lines (if applicable)	0
		Recurring Charges	Non Recurring Charges
Monthly Recurring Charges		\$94.98	One-time non-recurring charges \$0.00
Less Ineligible Amount (if any)		\$0.00	Less Ineligible Amount (if any) \$0.00
Number of Months		12	
Eligible recurring charges		\$1,139.76	Eligible non-recurring charges \$0.00
		Line item TOTAL \$1139.76	
Total:		\$1,139.76	
Funding Requested on 471:		\$1,139.76	

Date Submitted

3/24/2011 12:09:53 PM

Entity Number: 100656		Applicant's Form Identifier: SCS1147101						
Contact Person: Maria Palermo		Contact Phone Number: (323) 225-7264						
Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.		Block 5, page 4 of 4 FRN 2224248 (to be assigned by administrator)						
10 <input type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:								
11 Category of Service (only ONE category should be checked) <table border="1"><tr><td>PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access</td><td>PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections</td></tr></table>		PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections	23 Calculations				
PRIORITY 1 <input checked="" type="checkbox"/> Telecommunications Service <input type="checkbox"/> Internet Access	PRIORITY 2 <input type="checkbox"/> Internal Connections Other than Basic Maintenance <input type="checkbox"/> Basic Maintenance of Internal Connections							
12 Form 470 Application Number 717710000882461		Recurring Charges <table border="1"><tr><td>A. Monthly charges (total amount per month for service) \$113.60</td></tr><tr><td>B. How much of the amount in A is ineligible? \$0.60</td></tr><tr><td>C. Eligible monthly pre-discount amount (A minus B) \$113.00</td></tr><tr><td>D. Number of months service provided in funding year 12</td></tr><tr><td>E. Annual pre-discount amount for eligible recurring charges (C x D) \$1,356.00</td></tr></table>		A. Monthly charges (total amount per month for service) \$113.60	B. How much of the amount in A is ineligible? \$0.60	C. Eligible monthly pre-discount amount (A minus B) \$113.00	D. Number of months service provided in funding year 12	E. Annual pre-discount amount for eligible recurring charges (C x D) \$1,356.00
A. Monthly charges (total amount per month for service) \$113.60								
B. How much of the amount in A is ineligible? \$0.60								
C. Eligible monthly pre-discount amount (A minus B) \$113.00								
D. Number of months service provided in funding year 12								
E. Annual pre-discount amount for eligible recurring charges (C x D) \$1,356.00								
13 SPIN – Service Provider Identification Number 143025240								
14 Service Provider Name AT&T Mobility								
15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.								
15b Contract Number MTM								
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).								
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:								
16a Billing Account Number (e.g., billed telephone number) 828386792								
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.								
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 02/01/2011								
18 Contract Award Date (mm/dd/yyyy)								
19 Service Start Date (mm/dd/yyyy) 07/01/2011								
20a Service End Date (mm/dd/yyyy) 06/30/2012								
Contract Expiration Date (mm/dd/yyyy) 20b								
21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.								
22 Entity/Entities Receiving This Service:								
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 100656								
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):								

-- Item 21 Attachment --

Entity Number 100656
Entity Name ALL SAINTS ELEMENTARY SCHOOL
Contact Person Maria Palermo
Phone Number (323) 225-7264

Attachment Number	A-04
Form 471 No.	816848
Form Identifier	SCS1147101

Service Provider Identification Number	143025240
Service Provider Name	AT&T Mobility
Contract	MTM
FRN	2224248

Description of Service

This funding request is for discounts for cellular service received by the school. This request includes the cost of adding an anticipated additional line. A Regulatory Cost Recovery Charge has been removed from this request as ineligible.

Cost Calculation Grid

Description	Telecom Lines	Months	Monthly Chgs	Monthly Inelig	Extended Monthly	Non-Rec Chgs	Non-Rec Inelig	Non-Rec Eligible	Line Total
Cellular Service	1	12	\$57.10	\$0.60	\$678.00	\$0.00	\$0.00	\$0.00	\$678.00
New Line	1	12	\$56.50	\$0.00	\$678.00	\$0.00	\$0.00	\$0.00	\$678.00
					\$1,356.00			\$0.00	\$1,356.00



Item 21 Attachment

Telecommunications - Funding Year 2011

Applicant Name ALL SAINTS ELEMENTARY SCHOOL
Billed Entity Number 100656
Form 471 Application Number 816848
Funding Request Number 2224248
Service Provider AT&T Mobility
Attachment Number A-04

Narrative description of this Funding Request This funding request is for discounts for cellular service received by the school. This requests includes the cost of adding an anticipated additional line. A Regulatory Cost Recovery Charge has been removed from this request as ineligible.

Service Type	Service Description	Eligible Pre-Discount Cost	
1 Cellular (including PCS)	New Line	\$678.00	
		Number of Telecom Lines (if applicable)	1
	Recurring Charges	Non Recurring Charges	
	Monthly Recurring Charges	\$56.50	One-time non-recurring charges \$0.00
	Less Ineligible Amount (if any)	\$0.00	Less Ineligible Amount (if any) \$0.00
	Number of Months	12	
	Eligible recurring charges	\$678.00	Eligible non-recurring charges \$0.00
		Line item TOTAL \$678	
2 Cellular (including PCS)	Cellular Service	\$678.00	
		Number of Telecom Lines (if applicable)	1
	Recurring Charges	Non Recurring Charges	
	Monthly Recurring Charges	\$57.10	One-time non-recurring charges \$0.00
	Less Ineligible Amount (if any)	\$0.60	Less Ineligible Amount (if any) \$0.00
	Number of Months	12	
	Eligible recurring charges	\$678.00	Eligible non-recurring charges \$0.00
		Line item TOTAL \$678	
Total:		\$1,356.00	
Funding Requested on 471:		\$1,356.00	

Date Submitted

3/24/2011 12:10:30 PM

Entity Number: 100656	Applicant's Form Identifier: SCS1147101
Contact Person: Maria Palermo	Contact Phone Number: (323) 225-7264

Block 6: Certifications and Signature

24 ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

a ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or

b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23l on all Block 5 Discount Funding Requests.)	5884.2
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	5295.78
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	588.42
d Total budgeted amount allocated to resources not eligible for E-rate support	5000
e Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	5588.42

f ☐ Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.

26 ☐ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.

Or ☒ I certify that no technology plan is required by Commission rules.

27 ☒ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28 ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29 ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

30 ☒ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Entity Number: 100656		Applicant's Form Identifier: SCS1147101	
Contact Person: Maria Palermo		Contact Phone Number: (323) 225-7264	

Block 6: Certification and Signature (Continued)

31 ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

33 ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

34 ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

35 ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).

36 ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).

37 ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38	Signature of authorized person <input type="checkbox"/>	39	Date
----	---	----	------

40 Printed name of authorized person Maria Palermo

41 Title or position of authorized person Principal

☐ Check here if the consultant in Item 6g is the Authorized Person.

42a Street Address, P.O. Box, or Route Number
All Saints Catholic School
3420 Portola Ave.
City Los Angeles
State CA Zip Code 90032-

Entity Number: 100656		Applicant's Form Identifier: SCS1147101	
Contact Person: Maria Palermo		Contact Phone Number: (323) 225-7264	
42b	Telephone Number of authorized Person	(323) 225-7264	Ext.
42c	Fax Number of Authorized Person	(323) 225-1240	
42d	E-mail Address of authorized Person	allsaintshusky@yahoo.com	
	Re-enter E-mail Address	allsaintshusky@yahoo.com	
42e	Name of Authorized Person's Employer	Maria Palermo	

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:
SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:
SLD Forms
ATTN: SLD Form 471
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100

FCC Form 471 - October 2010

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Previous

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Do not write in this area.

Application ID:816848

Entity Number	100656	Applicant's Form Identifier	SCS1147101
Contact Person	Maria Palermo	Phone Number	323-225-7264

Block 6: Certifications and Signature

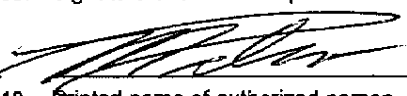
24. ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (check one or both)
- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38)**, that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the **Library Services and Technology Act of 1996** that do not operate as for-profit businesses and whose budgets are completely separate from any schools including, but not limited to elementary, secondary schools, colleges, or universities.
25. ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed in this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a.	Total funding year pre-discount amount on this Form 471 (Add the entities from Item 23l on all Block 5 Discount Funding Requests.)	\$5,884.20
b.	Total funding commitment request amount on this Form 471 (Add the entities from Items 23K on all Block 5 Discount Funding Requests.)	\$5,295.77
c.	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	\$588.43
d.	Total budgeted amount allocated to resources not eligible for E-rate support	\$5,000.00
e.	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	\$5,588.43
f.	<input type="checkbox"/> Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Items 25e.	

26. ☐ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.
- Or ☒ I certify that no technology plan is required by Commission rules.
27. ☒ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
28. ☒ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
29. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

Show Form Fields

30. ☒ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.
31. ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
32. ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
33. ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under the Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.
34. ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
35. ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1),(2).
36. ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).
37. ☒ I certify that the non-discounted portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38. Signature of authorized person 	39. Signature Date <u>3/24/11</u>
40. Printed name of authorized person Maria Palermo	
41. Title or position of authorized person Principal <input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.	
42a. Street Address, P.O Box or Route Number All Saints Catholic School 3420 Portola Ave. City, State Zip Code Los Angeles, CA 90032	
42b. Telephone number of authorized person: (323) 225-7264	
42c. Fax number of authorized person: (323) 225-1240	
42d. E-mail of authorized person: allsaintshusky@yahoo.com	
42e. Name of authorized person's employer Maria Palermo	

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Page 3 of 3

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504(c). The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

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mail this form to:**

**SLD Forms
ATTN: SLD Form 471
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**

[Print](#)[Create Item 21 Attachment](#)[Menu](#)

Exhibit C



Schools and Libraries Division

**Notification of Form 471 with No Certification
Funding Year 2011: July 1, 2011 through June 30, 2012**

April 27, 2011

Maria Palermo
ALL SAINTS ELEMENTARY SCHOOL
3420 PORTOLA AVE
LOS ANGELES, CA 90032

**RE: Applicant Form Identifier: SCS1147101
Form 471 Application Number: 816848**

TAKE ACTION BY: 05/17/2011

This is your notification that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has received the above referenced FCC Form 471, Description of Services Ordered and Certification Form. As of the date of this letter we have not received the signed Form 471 Block 6 Certifications.

Note that this letter provides the notice required by the Bishop Perry Order (FCC 06-54, released 5/19/2006), for you to submit your complete Form 471 Block 6 Certifications so that they are received by USAC or postmarked by 05/17/2011. If USAC does not have your Form 471 Certifications by that date, your Form 471 referenced above will not be reviewed for possible funding.

Please disregard this letter if you recently submitted your Form 471 Certifications. You can check the status of your application using the Form 471 Application Status tool on our website or by calling our Client Service Bureau at the number below for assistance.

If this Form 471 is a duplicate, please contact our Client Service Bureau at the number below for instructions on cancelling this application.

COMPLETE PROGRAM INFORMATION is posted on our website. You may also contact our Client Service Bureau using the "Submit a Question" link on our website, toll-free by fax at 1-888-276-8736, or toll-free by phone at 1-888-203-8100.

Schools and Libraries Division
Universal Service Administrative Company

Schools and Libraries Division - Correspondence Unit
30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685
Visit us online at: www.usac.org/sl

00541

Exhibit D

The logo for USAC (Universal Service Administrative Company) features the letters "USAC" in a large, bold, serif font. Above the letters is a stylized, curved line that resembles a wave or a partial arc.

Universal Service Administrative Company

Schools and Libraries Division

**FUNDING YEAR 2011 FORM 471
POSTMARKED OUTSIDE OF WINDOW**

August 9, 2011

Maria Palermo
ALL SAINTS ELEMENTARY SCHOOL
3420 PORTOLA AVE
LOS ANGELES, CA 90032

Re: Applicant's Form Identifier: SCS1147101
Form 471 Application Number: 816848

We're sending this letter to thank you for your recent Form 471 application. Your Form 471 application and/or certification was submitted online or postmarked AFTER the deadline for an application to be considered as filed within the window.

Program rules require us to hold your application pending final review of those applications that were filed within the window. We will post an announcement on the USAC website at www.usac.org/sl once we determine if funding applications that were submitted within the application filing window will fully utilize all the funds available for this Funding Year.

For more information about the processing of pending applications, about funding for applications filed after the close of the filing window or about plans for future funding years, please visit our website or call the Client Service Bureau at 1-888-203-8100.

TO APPEAL THIS DECISION:

If you wish to appeal a decision indicated in this letter, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and email address for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Include the following to identify the decision letter and the decision you are appealing:
 - Appellant name,
 - Applicant or service provider name,
 - BEN,
 - Application number 816848 as assigned by USAC,
 - "Funding Year 2011 Form 471 Postmarked Outside of Window Letter,"AND
 - The exact text or the decision that you are appealing.
3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.

Schools and Libraries Division - Correspondence Unit
30 Lanidex Plaza West, PO Box 685, Parsippany, NJ 07054-0685
Visit us online at: www.usac.org/sl